

Transaction List

Search by

☐ Accounting Date:

Operator ID:

(MMDDYY)

Accounting Date



Starts:

Ends:

☒ Name/Number:

10644274

☐ Attny Docket No:

☐ Deposit Account No:

| Accounting Date | Operator ID | Seq No | Txn Src | Fee Code | St | Amount | Name/Number | Dep Acct |
|-----------------|-------------|--------|---------|----------|----|--------|-------------|----------|
| 01/05/2004 | ECOOPER | 333 | SALE | 8021 | A | 40.00 | 10644274 | |
| 12/24/2003 | AADOFO1 | 36 | SALE | 2251 | A | 55.00 | 10644274 | |
| 12/24/2003 | AADOFO1 | 35 | SALE | 2051 | A | 65.00 | 10644274 | |
| 12/24/2003 | AADOFO1 | 34 | SALE | 2202 | A | 45.00 | 10644274 | |
| 12/24/2003 | AADOFO1 | 33 | SALE | 2001 | A | 385.00 | 10644274 | |



Adjustment Detail

Authorization Detail



Adjustment date: 04/16/2004 CNGUYEN
 12/24/2003 AADOFO1 00000019 10644274
 01 FC:2001 -385.00 OP
 02 FC:2202 -45.00 OP
 03 FC:2051 -65.00 OP

Adjustment date: 04/16/2004 CNGUYEN
 12/24/2003 AADOFO1 00000019 10644274
 04 FC:2251 -55.00 OP



DA C
(S)

Practitioner's Docket No. 740789-054350

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Michael Boger; Mark Holbrook; David Heason; Florian L'Hostis; David
Reeve
Application No.: 10/644,274 Group No.: 08/20/20003
Filed: 08/20/2003 Examiner: To be assigned
For: CONTROL OF ETCH AND DEPOSITION PROCESSES

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form (1 pg.);
2. Payment of Deficiency Owed and Itemization Required Under 37 C.F.R.
1.28(c)(2)(ii) (2 pp.);
3. Fee Transmittal (1 pg.);
4. Check - \$550.00;
5. Return Receipt Postcard;

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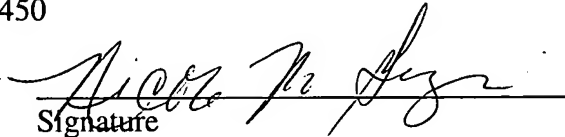
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transmitted by facsimile to the Patent
and Trademark Office.

Date: April 13, 2004


Signature

Nicole M. Gignac

(type or print name of person certifying)



PTO/SB/21 (02-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | |
|------------------------|----------------|
| Application Number | 10/644,274 |
| Filing Date | 08/20/2003 |
| First Named Inventor | M. Boger |
| Art Unit | 2812 |
| Examiner Name | To be assigned |
| Attorney Docket Number | 740789-054350 |

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Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)

| | | |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Payment of Deficiency Owed and Itemization Required - CFR 1.28(c)(2)(ii); Certificate of Mailing; Return Receipt Postcard. |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | The Commissioner is authorized to charge fee deficiencies or credit overpayments to the Nixon-Peabody LLP Deposit Account No. 50-0850. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | David S. Resnick NIXON PEABODY LLP, 100 Summer Street, Boston, MA 02110 |
| Signature | |
| Date | 4/13/04 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

| | | | |
|-----------------------|------------------|------|------------|
| Typed or printed name | Nicole M. Gignac | | |
| Signature | | Date | 04/13/2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 550.00

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 10/644,274 |
| Filing Date | 08/20/2003 |
| First Named Inventor | M. Boger |
| Examiner Name | To be assigned |
| Art Unit | 2812 |
| Attorney Docket No. | 740789-054350 |

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| METHOD OF PAYMENT (check all that apply) | | FEE CALCULATION (continued) | |
|--|--------------------------------------|---|---------------|
| <input checked="" type="checkbox"/> Check | <input type="checkbox"/> Credit card | 3. ADDITIONAL FEES | |
| <input checked="" type="checkbox"/> Deposit Account: | | Large Entity Small Entity | |
| Deposit Account Number | 50-0850 | Fee Code (\$) | Fee Code (\$) |
| Deposit Account Name | NIXON PEABODY LLP | Fee Description | Fee Paid |
| The Director is authorized to: (check all that apply) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below | | <input checked="" type="checkbox"/> Credit any overpayments | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) | | | |
| <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. | | | |
| FEE CALCULATION | | | |
| 1. BASIC FILING FEE | | | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
| 1001 770 | 2001 385 | Utility filing fee | |
| 1002 340 | 2002 170 | Design filing fee | |
| 1003 530 | 2003 265 | Plant filing fee | |
| 1004 770 | 2004 385 | Reissue filing fee | |
| 1005 160 | 2005 80 | Provisional filing fee | |
| SUBTOTAL (1) (\$) | | | |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE | | | |
| Total Claims | Extra Claims | Fee from below | Fee Paid |
| Independent Claims | -20** = | X | |
| Multiple Dependent | -3** = | X | |
| | | | |
| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | |
| 1202 18 | 2202 9 | Claims in excess of 20 | |
| 1201 86 | 2201 43 | Independent claims in excess of 3 | |
| 1203 290 | 2203 145 | Multiple dependent claim, if not paid | |
| 1204 86 | 2204 43 | ** Reissue independent claims over original patent | |
| 1205 18 | 2205 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) (\$) | | | |
| **or number previously paid, if greater; For Reissues, see above | | | |
| | | Other fee (specify) C.F.R. 1.28(c)(2)(ii) | |
| | | *Reduced by Basic Filing Fee Paid | |
| | | SUBTOTAL (3) (\$) | |
| | | 550.00 | |

SUBMITTED BY

(Complete if applicable)

| | | | | | |
|-------------------|------------------|-----------------------------------|------------|-----------|----------------|
| Name (Print/Type) | David S. Resnick | Registration No. (Attorney/Agent) | 34,235 | Telephone | (617) 345-6057 |
| Signature | | Date | 04/13/2004 | | |

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Attorney Docket No. 740789-054350

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : BOGER, M. et al.
Serial No : 10/644,274
Filed : 08/20/2003
For : CONTROL OF ETCH AND DEPOSITION PROCESSES
Examiner : To be assigned
Art Unit : 2812

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4/13/2004
Date

Nicole M. Gignac
(type or print name of person mailing paper)


Signature of person mailing paper

PAYMENT OF DEFICIENCY OWED AND ITEMIZATION
REQUIRED UNDER 37 CFR 1.28(c)(2)(ii)

Small entity fees were erroneously paid in the above-identified Application.

| Fees | Small Entity Fee Paid | Date of Small Entity Fee Payment | Current Non- Small Entity Fee | Deficiency Payment Owed |
|---|--------------------------|--|----------------------------------|-------------------------------|
| Basic Filing Fee | \$385.00 | 12/16/03 | \$770.00 | \$385.00 |
| Extra Claim Fees | \$45.00 | 12/16/03 | \$90.00 | \$45.00 |
| Surcharge -late filing fee | \$65.00 | 12/16/03 | \$130.00 | \$65.00 |
| Extension for reply within first month | \$55.00 | 12/16/03 | \$110.00 | \$55.00 |
| TOTAL | \$550.00 | | \$1,100.00 | \$550.00 |

04/16/2004 CNGUYEN 00000077 10644274

| | |
|------------|-----------|
| 01 FC:1001 | 770.00 OP |
| 02 FC:1051 | 130.00 OP |
| 03 FC:1202 | 90.00 OP |
| 04 FC:1251 | 110.00 OP |


Applicants : Boger, M. et al.
Serial No : 10/644,274
Filed : 08/20/2003
For : CONTROL OF ETCH AND DEPOSITION PROCESSES

Examiner : To be assigned
Art Unit : 2812

Should any fees associated with the submission be required, the Commissioner is authorized to charge the missing fee to our Deposit Account No. 50-0850. Any overpayments should be credited to said Deposit Account.

Date: 1/13/04

Respectfully submitted,



David S. Resnick (Reg. No. 34,235)
NIXON PEABODY LLP
100 Summer Street
Boston, MA 02110
(617) 345-6057